PART B - FEE(S) TRANSMITTAL

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maîntenance fee notification	ns.	, , ,) specifying	a new co	rrespondence add	iress, and o	(b) mulcating a sep	parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 00909 7590 01/27/2005			E		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
PILLSBURY WI P.O. BOX 10500 MCLEAN, VA 22	•	APR 2 2	3		I hereby certify the States Postal Servaddressed to the transmitted to the	Certificat nat this Fee vice with su Mail Stop USPTO (76	e of Mailing or Tran (s) Transmittal is bein fficient postage for fi ISSUE FEE address 03) 746-4000, on the	ismission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.	
04/26/2005 MBEYENES 00	000052 033975 107625	20 RADI	MARKO		·		,	(Depositor's name)	
01 FC:1501 1400.	00 DA	MADI						(Signature)	
	00 DA 00 DA							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	OR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.	
10/762,520	01/23/2004		Tadahiro Ohmi			040258-0307828	5332		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	т	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	1	\$1700	04/27/2005	
	·	,					••••	\$ m2m2888	
EXAMINER			ART UNIT		CLASS-SUBCLASS				
VU, D	OAVID	2818			438-771000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Pillsbury Winthrop Share Piltman LLP						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	Γ (print o	type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	low, no assignee of this form is NO	data will app Γa substitute	ear on the	e patent. If an a an assignment.	ssignee is i	dentified below, the	document has been filed for	
(A) NAME OF ASSIGN	EE	(B) RESIDENC	CE: (CITY	and STATE OR	COUNTR	Y)		
Tadahiro	Ohmi			Send	lai-shi, M	iyagi,	JAPAN		
		ries (will not be pr	inted on the p	atent) :	Individual [Corporat	ion or other private g	roup entity Government	
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			Deposit Acc	ount Nun	ber	135	(enclose an extra	copy of this form).	
a. Applicant claims Si	(from status indicated above MALL ENTITY status. See 2	37 CFR 1.27.					TITY status. See 37 (
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publicat vill not be accepted int and Trademark	ion Fee (if an I from anyone Office.	ny) or to re e other th	e-apply any previ an the applicant; a	ously paid registered	issue fee to the applic attorney or agent; or	ation identified above. the assignee or other party in	
Authorized Signature	XXXX				Date	April	22, 2005		
Typed or printed name	Glenn T. Barre	tt			Registra	ntion No	38705		

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PTO/SB/17 (12-04)

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Effective BRANCE Complete if Known Fees pursuant to the Consolidated Approriations Act. 2005 (H.R. 4818). Application Number 10/762,520 **FEE TRANSMITTAL** Filing Date January 23, 2004 for FY 2005 TADAHIRO OHMI First Named Inventor Examiner Name David Vu Applicant claims small entity status. See 37 CFR 1.27 2818 Art Unit (\$) 180

TOTAL AMOUNT OF	PAYMENT	(\$) 180		Attorney Do	cket No. 0	40258-0307	7828
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) or underpayment of fees(s) Credit any overpayments Credit Card Money Order None Other (please identify): Deposit Account Name: PILLSBURY WINTHROP LLP Check Deposit Account Name: PILLSBURY WINTHROP LLP Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fees(s) Credit any overpayments							
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING F		SEARCI	H FEES Small Entity Fee (\$)	EXAMINA	TION FEES Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	100	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Total Claims HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Fee Paid (\$)							
Non-English Specification, 130 fee (no small entity discount) Other: Rule 1.17(p) for submitting IDS after allowance							

SUBMITTED BY	Un.			
Signature	1810	Registration No. (Attomey/Agent) 38705	Telephone	e 703.905.2011
Name (Print/Type)	Glenn T. Barrett		Date	April 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.